

**CITY OF ATLANTA 2004 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM
FORM I- CONTINUING PROJECT PROPOSAL FOR CURRENTLY FUNDED PROJECTS (DO NOT
USE THIS FORM IF PROJECT WAS NOT FUNDED IN 2003)**

**One signed-original application with exhibits and 4 copies without
exhibits must be submitted no later than
4:00 PM on May 19, 2003 to:**

City of Atlanta, Office of Grants Management
68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30303-0323
Telephone # (404) 330-6112 TDD (404) 658-7182

For GM Use Only:
Proposal # _____

Date received _____

PROJECT NAME:

Project Type(s):

☐ **Housing Operations or
Scattered Site Rental Asst.**

☐ **Support Services**

2004 PROJECT FUNDING

TOTAL

HOPWA Request: \$

Other Funding: \$

Total Project Cost: \$

A. APPLICANT IDENTIFICATION:

Organization **Legal** Name: _____

Contact Person's Name: _____

Position Title: _____

Daytime Telephone #: _____

Fax #: _____

Email Address: _____

Mailing Address: _____

City: _____

Zip Code _____

County of Incorporation _____

B. BRIEF PROJECT DESCRIPTION – Describe what the project will do in the space below. Do not refer to attachments.

C. Project SITES - Enter location(s) of project activity, not service area; if located in Atlanta, include Council District/NPU-Neighborhood. If not known, call Bureau of Planning 404-330-6070. *If project has more than one housing facility location, please complete separate applications for each facility.*

| Facility/Activity-Site Name | Street Address/City/Zip | Council District/NPU | County |
|--------------------------------|-------------------------|----------------------|--------|
| | | | |

D. PROJECT SERVICE AREA(S): (Check as many as apply in the 20-county EMSA)

| | | | | | | |
|---|---|----------------------------------|-------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> City of Atlanta | <input type="checkbox"/> City of Marietta | <input type="checkbox"/> Clayton | <input type="checkbox"/> Cobb | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Fulton | <input type="checkbox"/> Gwinnett |
| Others: <input type="checkbox"/> Barrow <input type="checkbox"/> Bartow <input type="checkbox"/> Butts <input type="checkbox"/> Carroll <input type="checkbox"/> Cherokee <input type="checkbox"/> Coweta <input type="checkbox"/> Douglas <input type="checkbox"/> Fayette <input type="checkbox"/> Forsyth <input type="checkbox"/> Henry <input type="checkbox"/> Newton <input type="checkbox"/> Paulding <input type="checkbox"/> Rockdale <input type="checkbox"/> Spalding <input type="checkbox"/> Walton | | | | | | |

E. APPLICATION VERIFICATION AND AUTHORIZATION BY BOARD OFFICER OR CEO:

| | | |
|-----------|-------------|------------------------------|
| Signature | Date Signed | Print or Type Name and Title |
|-----------|-------------|------------------------------|

F. HOPWA PROGRAM CATEGORIES AND BENEFICIARIES:

1. Housing Projects:

Indicate in the applicable HOPWA housing category below the number of facility-based units or beds to be provided for persons living with HIV/AIDS.

| A. Facility-based Housing | # Units | # Beds | Max. Length of Stay | HOPWA cost per unit |
|--|----------------|---------------|----------------------------|----------------------------|
| <input type="checkbox"/> Short-term facility (stay < 6 months) | | | | |
| <input type="checkbox"/> Single room occupancy dwelling | | | | |
| <input type="checkbox"/> Community residence (permanent residence) | | | | |
| <input type="checkbox"/> Other housing facility (for example transitional housing, substance abuse recovery, etc.) | | | | |

Indicate the proposed number of households by type of scattered-site housing assistance and estimated average cost per household.

| B. Scattered-site Housing | Est. # of Households | Estimated Average Cost |
|---|-----------------------------|-------------------------------|
| a. Short-term Rent, Mortgage and Utilities (to prevent homelessness): | _____ | \$ _____ per household |
| b. Rent Assistance: | _____ | \$ _____ per household |

Indicate below the supportive services needed by the majority of facility residents or persons who will receive scattered site-housing assistance by location type and provider.

| C Housing Supportive Services: | Housing facility | Non housing facility | Scattered-Site/Other | Service Provider(s) if not applicant |
|--|-------------------------|-----------------------------|-----------------------------|---|
| <i>Example: Case Management</i> | <i>x</i> | | | <i>AID Atlanta Housing Case Mgt.</i> |
| <input type="checkbox"/> Outreach | | | | |
| <input type="checkbox"/> Case Management (comprehensive) | | | | |
| <input type="checkbox"/> Life Management Skills | | | | |
| <input type="checkbox"/> Nutritional services/meals | | | | |
| <input type="checkbox"/> Adult day care/personal assistance | | | | |
| <input type="checkbox"/> Childcare/other children's services | | | | |
| <input type="checkbox"/> Education | | | | |
| <input type="checkbox"/> Employment Assistance | | | | |
| <input type="checkbox"/> Alcohol & drug abuse services | | | | |
| <input type="checkbox"/> Mental Health Services | | | | |
| <input type="checkbox"/> Health/medical/intensive care | | | | |
| <input type="checkbox"/> Permanent housing placement | | | | |
| <input type="checkbox"/> Other Specify: | | | | |
| <input type="checkbox"/> Other Specify: | | | | |

If services are not provided by the applicant agency but are established service links for persons receiving housing assistance, then attach memorandum (a) of agreement with service provider(s) as **Exhibit 1** or briefly describe in the space below how the services will be obtained.

D. Needs assessment.

Describe below how the need for the services and the number to be served was determined.

2. Supportive Service Only Providers:

Indicate in the table below the number of persons to be served by the project by HOPWA service category and location type.

| a. Supportive Services: | Number of Persons To Be Served | | |
|--|---------------------------------|---|--|
| | Residents of Housing Facilities | Persons Receiving Scattered Site housing Assistance | Persons receiving Assistance in Non- housing facility* |
| <i>Example: Case Management (comprehensive)</i> | <i>290</i> | <i>100</i> | <i>50</i> |
| <input type="checkbox"/> Outreach | | | |
| <input type="checkbox"/> Case Management (comprehensive) | | | |
| <input type="checkbox"/> Life Management Skills | | | |
| <input type="checkbox"/> Nutritional services/meals | | | |
| <input type="checkbox"/> Adult day care/personal assistance | | | |
| <input type="checkbox"/> Childcare/other children's services | | | |
| <input type="checkbox"/> Education | | | |
| <input type="checkbox"/> Employment Assistance | | | |
| <input type="checkbox"/> Alcohol & drug abuse services | | | |
| <input type="checkbox"/> Mental Health Services | | | |
| <input type="checkbox"/> Health/medical/intensive care | | | |
| <input type="checkbox"/> Permanent housing placement | | | |
| <input type="checkbox"/> Other Specify: | | | |
| <input type="checkbox"/> Other Specify: | | | |

* Applicant's office, medical facility, shelter, etc.

b. Needs assessment.

Describe below how the need for the services and the number to be served was determined.

G. PROJECT DESCRIPTION: Please describe specific project objectives, activities and beneficiaries that will be assisted by this project.

H. PROJECT CHANGES: Describe any proposed changes from the approved 2003 project, including program activities, beneficiaries, site location, and other significant changes.

I. FINANCIAL CHANGES: Describe any proposed financial changes that are anticipated to impact the project in 2004. If funding loss or increase is anticipated, explain the nature and cause of the loss or gain and the agency's actions to identify replacement resources for lost funds. If requesting an increase, explain how need was determined.

J. ANTICIPATED PROJECT OUTCOMES: Complete the chart below to describe the most significant Outcome(s) this project is expected to have on its participants for year 2004. Tell how many households or individuals will realize each Outcome and how each Outcome will be measured. If project has multiple program components, copy this page and attach here to describe Outcomes of each major program component. Outcomes listed should be tied to objectives discussed in section G. If funded, these Outcomes may be included as part of the project performance monitoring.

Outcomes: Outcomes are not the products for the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include, # of clients remaining in their own homes, # of evictions prevented, # of persons finding and maintaining permanent housing. Include only major project Outcomes supported by the requested HOPWA funds.

Major Tasks: Outline the major tasks/activities to be conducted by this project (e.g., client outreach/assessment; job training/placement.).

Outputs: Quantifiable products of Tasks, e.g., # of people housed, # of homeless sheltered, etc.

Outcome Measurements: How will you measure Outcomes? What follow-up/tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated?

| | |
|---|--|
| COMPONENT: | |
| OUTCOME # 1 | <i>Describe how participants will benefit and how many are expected to realize this outcome.</i> |
| | |
| Major Tasks Necessary to Realize Outcomes | Outputs Resulting from Tasks |
| | |
| | |
| Outcome Measurements: <i>Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.</i> | |
| | |
| OUTCOME # 2 | <i>Describe how participants will benefit and how many are expected to realize this outcome.</i> |
| | |
| Major Tasks Necessary to Realize Outcomes | Outputs Resulting from Tasks |
| | |
| | |
| Outcome Measurements: <i>Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.</i> | |
| | |

K. ORGANIZATIONAL UPDATE FOR CONTINUING PROJECT APPLICANT:

1. For non-governmental agencies: Are State registration and business license current? ☐ Yes ☐ No
2. Documentation: Please check below and submit one copy per agency of each of the following items (Exhibits 2 through 6 not required for government agencies):

- ☐ Exhibit 1: Memoranda of Agreements with supporting organizations
- ☐ Exhibit 2: Applicant agency's total operating budget of projected 2003 revenue and expenditures
- ☐ Exhibit 3: Applicant agency's financial statements for 12 months ending 12/31/02
- ☐ Exhibit 4: Agency audit 2001 if FY ended Sept. or Dec 2002; 2002 if FY ended June 2002
- ☐ Exhibit 5: Current Board of Directors & Officers Roster (include names, title, addresses and compensation)
- ☐ Exhibit 6: Corporation By-laws if any changes in the last year

If changes described in section H include changes to project staffing, please submit the following:

- ☐ Exhibit 7: Staff organizational chart for HOPWA funded project
- ☐ Exhibit 8: Job descriptions for staff/contract personnel implementing proposed changes to the project

L. PROPOSED OPERATING BUDGET AND RESOURCES

GENERAL INSTRUCTIONS FOR PROJECT BUDGET:

1. Staff Benefits and taxes should include F.I.C.A., workmen's compensation, unemployment compensation, and applicable health and retirement benefits.
2. Mortgage, property taxes and fees such as legal fees are not eligible expenses.
3. Property repairs refer to minor repairs/replacements such as minor plumbing, HVAC, electrical, mechanical work-not major building renovations.
4. Insurance and bonding are required for contracts: general liability not less than \$1million, non-owned automobile liability insurance, and fidelity bond equal to 100% of contract amount are required for all non-government projects contracting with the City of Atlanta.
5. Audit: All contractors shall secure an annual independent program audit including all funds provided in contract with the City. An "A-133" audit is required if agency's total federally derived funding exceeds \$300,000. The cost of conducting an audit is an eligible HOPWA expense. The cost of the audit is an administrative cost. Administrative costs are limited to no more than 7% of the grant amount.

INSTRUCTIONS FOR FOLLOWING TABLE BY TYPE OF ACTIVITY:

HUD recently revised the format for describing and budgeting HOPWA eligible activities so that the use of HOPWA and program accomplishments can be reported to Congress more accurately. Descriptions and budgets for proposed projects should be organized by the new activity categories. Projects may be comprised of one or more of the five major activity groups. Please bear in mind however, that, if funded, project contracts will be structured and funds will have to be drawn from a separate account for each of the major activities. It is important that applicants take the time to visualize what will be required to track and report project expenditures by these categories. It is recommended that projected project costs be simplified as much as possible for HOPWA funding

1. Facility Based Housing: operating costs of the facility such as utilities, maintenance or repairs, on-site management, security, etc.

2. Facility Based Non-Housing: operating costs of project not directly associated with operating a housing facility. For example: costs of operating a scattered site project or support service not located in a housing facility might include office space rental, office utilities, telecommunications, office supplies other expenses associated with operating the provision of the housing assistance or service.

3. Scattered Site Housing: amount requested for tenant-based rent and short-term rent, mortgage and utility assistance to be paid on behalf of HOPWA eligible households. Scattered site units may be leased by the applicant agency or by a tenant.

4. Administration, Housing Information, & Resource Identification

Administration: Show administrative costs to be charged to the project. Administrative costs include administration of the agency, financial reporting, bookkeeping, payroll services, and the annual audit. Amount is limited to no more than 7% of the grant total.

Housing Information: services will not be funded as a separate activity in this application. Most projects provide housing information as a component of other services and it is not possible to break out costs separately.

Resource Identification: For purposes of this application this section applies to participation in the HUD sponsored training only. No other out-of-state travel will be funded by HOPWA. The cost of attending HUD sponsored training or conferences will not be counted as an administrative cost.

5. Support Services summarize the costs of providing support services which may include staff salaries, benefits, local staff travel, contracted client services, and direct client services (such as tokens).

Pathways Information System: HOPWA supported projects are encouraged to participate in the HUD endorsed and State DCA supported Pathways Information System. HOPWA will fund start-up and expenses for participants in the Pathways program provided agency includes in the application a letter of agreement with Pathways, Inc. approved by the agency Board of Directors and a proposed timetable for implementation. Cost may include purchase of equipment, software, staff training, DSL connection and 12 months of DSL and Pathways fees.

Other Funding Resources: Show by *major (shaded) line item category only* the anticipated allocation of all other cash resources: client rent, other public funds (federal, state & local) and all other resources such as private donations that will support the project.

Note: If the amount of funding being requested is calculated based on projected a number of housing units or clients and a unit cost per client, please describe below the basis for determining the project unit cost. *For example: For home delivered meals: you could break cost down into annual food, container, production, transportation and overhead costs divided by the total number of meals to be produced and delivered times the estimated number of HOPWA meals to be provided.*

In the table that follows, show amount requested for 2004 requested by applicable Budget Expense Line Items and detail within the category. The line items listed reflect the current HUD format for the disbursement of funds and reporting expenditures for HOPWA projects in the Integrated Disbursement and Information System (IDIS).

M. Proposed Operating Budgets and Resources:**2004 PROPOSED RESOURCES**

| Budget Expense Line Items | 2003 HOPWA Budget | 1. 2004 Requested HOPWA \$ | 2. Client Rent | 3. Other Public | 4. All Other Resources | 5. Total Project Cost |
|--|-------------------------|----------------------------------|-------------------|--------------------|------------------------------|-----------------------------|
| I. Facility based housing | | | | | | |
| Property management staff salaries | | | | | | |
| Property management staff benefits | | | | | | |
| Rental/lease of housing facility | | | | | | |
| Utilities | | | | | | |
| Telecommunications | | | | | | |
| Insurance | | | | | | |
| Materials & Supplies | | | | | | |
| Equipment lease/ purchase/maintenance | | | | | | |
| Contracted property services | | | | | | |
| List Other: | | | | | | |
| | | | | | | |
| Sub-total | | | | | | |
| II. Facility Based Non-Housing | | | | | | |
| Property rental/lease | | | | | | |
| Utilities | | | | | | |
| Telecommunications | | | | | | |
| Insurance | | | | | | |
| Materials & supplies | | | | | | |
| Equipment lease/purchase/maintenance | | | | | | |
| List other facility-based non-housing costs: | | | | | | |
| | | | | | | |
| Sub-total | | | | | | |
| III. Scattered Site Housing | | | | | | |
| Rental assistance | | | | | | |
| Short-term rent, mortgage & utility assistance | | | | | | |
| Sub-total | | | | | | |
| IV. Administration, Housing Information & Resource Identification | | | | | | |
| Administrative staff salaries | | | | | | |
| Administrative staff benefits | | | | | | |
| Other admin. Costs: | | | | | | |
| | | | | | | |
| Sub-total | | | | | | |
| V. Supportive Services | | | | | | |
| Support staff salaries | | | | | | |
| Support staff benefits | | | | | | |
| Staff local transportation | | | | | | |
| Materials & supplies for client use | | | | | | |
| Client transportation | | | | | | |
| List Other support costs: | | | | | | |
| Sub-total | | | | | | |
| Grand Total (sum I, II, III, IV, and V) | | | | | | |

N. PROPOSED OPERATING BUDGET AND RESOURCES PROJECT STAFF DETAIL

Must add to staff totals on in the corresponding sections. Indicate with * if not funded in the 2003 program. Changes to staffing and proposed increases should be explained in Section H Changes to the Project.

1. Facility Based Housing Operations Staff

| Position Title | Salary per Pay Period | % of Time HOPWA Funded | No. of Pay Periods | Total |
|----------------|-----------------------|------------------------|--------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$ |

2. Non-Facility Based Housing Operations Staff Salaries(i.e. security, maintenance)

| Position Title | Salary per Pay Period | % of Time HOPWA Funded | No. of Pay Periods | Total |
|----------------|-----------------------|------------------------|--------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$ |

3. Administrative Staff Salaries

| Position Title | Salary per Pay Period | % of Time HOPWA Funded | No. of Pay Periods | Total |
|----------------|-----------------------|------------------------|--------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$ |

4. Supportive service staff salaries

| Position Title | Salary per Pay Period | % of Time HOPWA Funded | No. of Pay Periods | Total |
|----------------|-----------------------|------------------------|--------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$ |

APPLICANTS MUST COMPLETE THIS SECTION

O. HOPWA APPLICATION COMPLETENESS CHECKLIST

Project Name: _____
 Applicant Organization: _____

Check either yes or no for each box; do not leave any blank.

| Yes | No | Sections/Page # | All Projects |
|--------------------------|--------------------------|---------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All applicable | Application completed as instructed, with Exhibits numbered and labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | Section C. Exhibit 1 | Memorandum of Agreement with Support Services Provider(s) if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Section H. Exhibits 7 & 8 | If changes include staffing Attach Exhibit 7 Staff Organization Chart and Exhibit 8 Job descriptions |
| <input type="checkbox"/> | <input type="checkbox"/> | Section K. Exhibits 2 through 6 | Organizational Capacity update: One Copy of Exhibits 2 -6 (<i>as applicable</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Section P. | Application Signed by Board Officer or Executive Director |
| <input type="checkbox"/> | <input type="checkbox"/> | Section Q. | Missing documentation explained in space below: |

P. VERIFICATION OF ACCURACY OF INFORMATION IN THE APPLICATION AND ATTACHMENTS

| | | |
|------------------|--------------------|-------------------------------------|
| <i>Signature</i> | <i>Date Signed</i> | <i>Print or Type Name and Title</i> |
|------------------|--------------------|-------------------------------------|

Q. Missing documentation: Provide explanation and state when documentation will be provided.

Please keep a copy of this application for your files for reference if additional information is needed. Incomplete applications will not be reviewed. Information provided in this application is subject to public review.